



10-15-03

2821

PATENT  
Attorney Docket No.: 9D-HR-19788

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Sergio Alberto Vinocur, et al.

: Art Unit: 2821

Serial No.: 09/997,705

: Examiner: Tran, Thuy V.

Filed: November 30, 2001

For: APPARATUS AND METHOD FOR  
OPERATING AN APPLIANCE  
LIGHT

**Mail Stop: Non-Fee Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is: Amendment in response to Office Action dated July 14, 2003, (6 pgs.); One (1) Replacement Sheet of Formal Drawings; and Return receipt postcard.

**STATUS**

2. Applicant

claims small entity status.



is other than a small entity.

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**CERTIFICATE OF MAILING/TRANSMISSION**

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS**

**FACSIMILE**

Express Mail No.: EL977938133US

transmitted by facsimile to the Patent and  
Trademark Office

Date: October 14, 2003

I hereby certify that the documents listed above are being  
deposited with the United States Postal Service "Express Mail  
Post Office to Addressee" service under 37 C.F.R. §1.10 on the  
date indicated above in an envelope addressed to: Mail Stop:  
Non-Fee Amendment, Commissioner for Patents, P.O. Box  
1450, Alexandria, VA 22313-1450.

Date: October 14, 2003

  
Thomas M. Fisher  
Reg No.: 47,564

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response<br>within: | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| first month                       | \$ 110.00                      | \$ 5.00                             |
| second month                      | \$ 420.00                      | \$ 210.00                           |
| third month                       | \$ 950.00                      | \$ 475.00                           |
| fourth month                      | \$1,480.00                     | \$ 740.00                           |
| fifth month                       | \$2,010.00                     | \$1,005.00                          |

Fee:                         \$                        

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

An extension of        months has already been secured. The fee paid therefor \$        is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1)                                    | (Col. 2)                              | (Col. 3)         | SMALL ENTITY               | OTHER THAN<br>SMALL ENTITY |
|---|---------------------------------------|------------------|----------------------------|----------------------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE     | ADDITIONAL<br>RATE FEE     |
| TOTAL<br>INDEP.                             | MINUS                                 | =                | x \$9 = \$                 | x \$18 = \$                |
|   | MINUS                                 | =                | x \$43 = \$                | x \$86 = \$                |
| — FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                       |                  | + \$145 = \$               | + \$290 = \$               |
|   |                                       |                  | TOTAL ADDITIONAL<br>FEE \$ | OR                         |
|   |                                       |                  |                            | TOTAL ADDITIONAL<br>FEE \$ |

(a)  No additional fee for Claims is required

**OR**

(b) \_\_\_\_\_ Total additional fee for claims required \$

## FEE PAYMENT

5. \_\_\_\_\_ Attached is a check in the sum of \$\_\_\_\_\_

\_\_\_\_\_ Charge Deposit Account No. 01-2384 the sum of \$  
A duplicate of this transmittal is attached.

## FEE DEFICIENCY

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

## AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. \_\_\_\_\_ Other:



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